PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

9419

CLAIMS AS FILED - PART I								SMALL E	ENTITY		OTHER	THAN
			(Column 1)		(Colu	(Column 2)		TYPE		OR	OR SMALL ENTIT	
TOTAL CLAIMS			75			•		RATE	FEE	7	RATE	FEE
FC	DR .		NUMBER FILED		NUME	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	75 minus 20=		. 55			X\$ 9=		OR	X\$18=	999
INI	DEPENDENT C	CLAIMS	7 m	inus 3 =	· 4			X43=	Ì	OR	X86=	366
Мι	JLTIPLE DEPE	NDENT CLAIM P					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							1	TOTAL	i de la composition della comp	OR	TOTAL	2104
CLAIMS AS AMENDED - PART II									***************************************		OTHER	
		(Column 1)	-	(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLANA	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
1/61/66/67/68/69/7971.								TOTAL		OR	TOTAL ADDIT, FEE	·
(Column 1) (Column 2) (Column 3)											ADDII. PEEL	
		CLAIMS		HIGHE		(Coldinit 3)	1 _		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	•	NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X43=	•	OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM.			+145=		OR	+290=	
							<u></u>	TOTAL		OR ,	TOTAL	
							AE.	DIT FEE		J	DDIT. FEE L	
		(Column 1)		(Columi		(Column 3)				-		
ᇎᅡ	•	REMAINING AFTER AMENDMENT	÷	NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	419		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									$^{\circ}$ L		
							1	145=		OR	+290=	
•• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3: ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
		mber Previously Paid ber Previously Paid						in the app	ropriate box		•	